

Fire Hydrant Violation waived ONLY if citation is: a) "Issued in error", b) Medical emergency, c) Extreme or extraordinary circumstances.

Town of



Arlington

\$5.00 Filing Fee.
Required at time of filing.
Fee refunded only if citation was
issued in error. Effective 2/11/08

MASSACHUSETTS

REQUEST FOR APPEAL/HEARING – PARKING VIOLATION

In accordance with Massachusetts General Laws Chapter 90, Section 20A ½, I hereby request a hearing with regard to the issuance of a parking ticket in the **TOWN OF ARLINGTON**.

NAME OF APPLICANT
first middle initial last

ADDRESS
number street

town or city state zip code

CAR REGISTRATION INFO: plate number state Is Applicant registered owner
circle one Y
N

TICKET NUMBER/DATE OF VIOLATION: # : DATE:
Ticket-number is printed at the top of the ticket. Do NOT send the ticket itself with this request. Furnish a copy of the ticket so that this request can be processed.

REASON FOR APPEAL/HEARING REQUEST:

(please use additional sheet if needed)

Date of this request

Signature of Applicant

Please present this Request for Appeal and/or Hearing at the Office of the **PARKING CLERK** in Arlington Robbins Memorial Town Hall, or mail this request to the **Parking Clerk, P.O. Box 210, Arlington, MA 02476**. It is not required that the applicant appear in person at the time the hearing is scheduled. The applicant may request to be present. The Findings and Disposition of the Hearing shall be forwarded to the applicant by mail. The findings of the hearing are final. Any appeal beyond this hearing must be filed with the Superior Court in Cambridge, MA in accordance with Massachusetts General Laws, Chapter 30A, Section 14.

OFFICIAL USE ONLY

WAIVER DECISION: ☐ ☐ initials

Payment associated with said ticket(s) is/are **WAIVED** as a one-time occurrence. However, Applicant is asked to note that this/these ticket(s) is/are being **WAIVED** as a one-time occurrence. Future tickets issued for parking illegally in the Town of Arlington, FOR **WHATEVER REASON**, are required to be paid, unless documented evidence shows ticket issued in error, or appealed for judicial review at the Superior Court in East Cambridge in accordance with Massachusetts General Laws Chapter 30A, Section 14.

☐ T. I. E.
Reason: _____

DENIAL DECISION: ☐ ☐ initials

Relief with regard to the payment of this/these ticket(s) is/are **DENIED**. Please be advised of your right to judicial review from this decision of the Parking Clerk at Superior Court in East Cambridge in accordance with Massachusetts General Laws Chapter 30A, Section 14.

- | | |
|---|--|
| <input type="checkbox"/> Prior Waiver Granted | <input type="checkbox"/> Lack of Supporting Evidence |
| <input type="checkbox"/> Unpaid Outstanding Violations | <input type="checkbox"/> No Police Log Entry |
| <input type="checkbox"/> Repeat Violations | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Insufficient or Incomplete Information | |

Stephen J. Gilligan
Parking Clerk

Name: _____

Date: _____

Ticket#: _____

☐ initials